



MIAMI-DADE COUNTY COMMUNITY EMERGENCY RESPONSE TEAM REGISTRATION FORM

Please type or print clearly

Mr. _____
Mrs. _____ First Name _____ Last Name _____
Ms. _____

Address _____

City _____ State _____ Zip _____

Contact Numbers:

Home _____ Work _____ Ext. _____

Fax _____ Pager _____ Cell _____

E-Mail _____

SS# _____ Driver's License # _____

Date of Birth _____

Occupation _____

Employer _____

Have you completed a CPR course? Yes _____ No _____

Month, Day, Year completed _____

Please specify the dates of the course/class you will be attending:

After completion of Basic Course Session 1 and 2, you must complete the Fire
Suppression and Search and Rescue class within thirty-days (30).

I have given the above information voluntarily, and I certify that all statements and representations are true and correct.

Applicant Signature _____ Date _____